

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH EPC 2000)

SERIAL NO.  
**09/914106**  
APPLICANT(S)

FILING DATE



Barbara Campbell  
National Stage Process  
(703) 305-3631

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**09/914106**

**CLAIMS AS FILED - PART I**

(Column 1)		(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	** =
Independent	•	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

RATE	FEE
BASIC FEE	
XS 9=	
X40=	
+135=	
TOTAL	

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	100
XS18=	
X80=	240
+270=	
TOTAL	340

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	** =
Independent	•	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	** =
Independent	•	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 \*\*\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

National Stage Processing  
File # 09-914106

FORM PTO-475  
(Rev. 6/00)

FORM PTO-1360 (REV. 3-78)

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